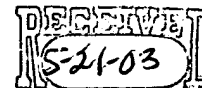


Official

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: DAVID A. SCOTT ET AL)
SERIAL NO.: 09/894,498) ART UNIT
FILED: June 28, 2001) 2645
FOR: SYSTEM AND METHOD FOR) EXAMINER:
ELECTRONIC MESSAGE STATUS) Gauthier,
NOTIFICATION AND REPLY USING) Gerald
VARIOUS ELECTRONIC MEDIA)

#8/A
TLP
5/22/03

I hereby certify that this correspondence is
being transmitted to the United States Patent
& Trademark Office via facsimile to facsimile
number 703-872-9314 on May 21, 2003

Sheila Smedick

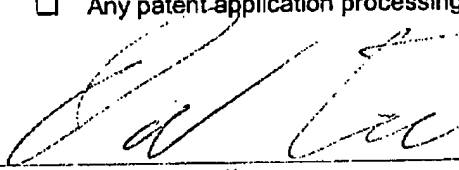
Sheila Smedick 5/21/03
signature date

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

In response to the Office Action mailed on March 17, 2003, Applicant requests reconsideration in view of the following amendments and remarks.

BS01045
BILL-0054

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 01045 (BLL-0054)	
Applicant(s): DAVID A. SCOTT ET AL					
Serial No. 09/894,498	Filing Date June 28, 2001	Examiner Gerald Gauthier		Group Art Unit 2645	
Invention: SYSTEM AND METHOD FOR ELECTRONIC MESSAGE STATUS NOTIFICATION AND REPLY USING VARIOUS ELECTRONIC MEDIA					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	60 -	66 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: May 21, 2003		
David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192			<div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="border-top: 1px solid black; margin-top: 10px;">Signature of Person Mailing Correspondence</div> <div style="border-top: 1px solid black; margin-top: 10px;">Typed or Printed Name of Person Mailing Correspondence</div>		
CC:					

P11LARGE/REV06